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USPTO GPAU 2614

FROM:

Jeffrey G. Toler

Reg. No.: 38,342

RE U.S. App. No.: 10/017,989, filed December 6, 2001

Applicant(s): Raymond W. Bennett, et al.

Atty Dkt No.: 1033-A00510-C1

Title: SECURITY SYSTEM WITH CALL MANAGEMENT FUNCTIONALITY

NO. OF PAGES (including Cover Sheet): 8

MESSAGE:

Attached please find:

Transmittal Form (1 pg)

Fee Transmittal (in duplicate) (2 pgs)

Response to Ex Parte Quayle Action (2 pgs)

Terminal Disclaimer (1 pg)

Revocation and POA, Change of Correspondence Address, and Appointment of New POA (1 pg)

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0.a.collection of information unless it disolays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to rescond to Application Number 10/017.989 Filing Date TRANSMITTAL December 6, 2001 First Named Inventor FORM Raymond W. Bennett Art Unit 2614 Examiner Name RAMAKRISHNAIAH, Melur (to be used for all correspondence after initial filling) Attorney Docket Number 1033-A00510-C1 Total Number of Pages In This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) 1 Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name toler schaffer, wp Signature Printed name Jeffrey G. Toler Dale Reg. No. 9-25-2006 38,342 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Emma L. Meyer Typed or printed name

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<i>(</i>	Effective on 12		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/0		0/017,989		
FEE TRANSMITTAL For FY 2006				Filing Date . Do		December 6. 2001		
				First Named I	nventor Rayn	aymond W. Bennett		
Applicant	Maima amall anthus	22.055.4.07	Examiner Nar	Éxaminer Nama RAM		MAKRISHNAIAH, Melur		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2614			
TOTAL AMOU	NT OF PAYMENT	130.00	Attorney Docket No. 1033-A00510-C1					
METHOD OF PAYMENT (check all that apply)								
Check	Credit Card	Money	Order No	ne Other	(please identify)			
Deposit Account Deposit Account Number: 50-2469 Deposit Account Name: TOLER SCHAFFER, LLP								
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Charge and additional fools of understanding the fools of understanding the								
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Information and authorization on PTO-2038.								
FEE CALCUL	ATION							
1. BASIC FILI	NG, SEARCH, A		NATION FEES					
	FILI	NG FEES <u>Small E</u>	SEAF	RCH FEES Small Entity		TION FEES		
Application	Type Fee (5) <u>Fee (</u>			Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)								
Fee <u>Description</u> Each claim over 20 (including Reissues)							<u>Fee (\$)</u> 25	
Each independent claim over 3 (including Reissues)							100	
Multiple dependent claims							180	
Total Claims						<u>Multiple De</u>	pendent Claims	
	20 or HP = mber of total claims pa	x	=			Fee (\$)	Fee Paid (\$)	
indep. Claims	muer biologicasms pa Extra C			Paid (\$)				
3 or HP =X =								
MP = highest number of Independent claims paid for, if greater then 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Terminal Disclaimer 130.00								
UBMITTED BY								
ienotum // R				Registration No. (Attorney/Agent)	38,342	Telephon	Telephone 512/327-5515	
larne (Print/Tyne)	Jeffrey G. Toler						-25-2016	

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